

Reproductive Care Center
Dream Utah – Keller Williams Dream Family Grants – Due by 10/31/20

Gross Income: for past 2 years including self-employment, W2, 1099, K1 & farm income	
* Copy of tax returns and last pay stub(s) for all jobs for both primary & secondary patient (if applicable)	
Last Year	\$
Prior Year	\$
Total:	
Assets: for primary & secondary patient (if applicable)	
Equity value of all properties owned	\$
Current value of all vehicles (including cars, trucks, boats, motor homes, campers, motorcycles & four wheelers)	\$
Current value of all horses, guns & jewelry	\$
Other	\$
Estimated Total Value of All Assets:	\$

Do you expect a significant change in your income/assets this year? Yes No If so, why?

Do you have health insurance? Yes No If so, what insurance? _____

Do you have any children? Yes No If so, how many? _____

Tell us about you and your family and why you are applying for this grant:

I/We verify that the above information is true and accurate to the best of my/our knowledge. I/We understand that if I/we knowingly provide false or inaccurate information, Reproductive Care Associates, PC (RCA) and the Reproductive Care Center, PC (RCC) reserve the right to withdraw grant money and bill me/us for services rendered. I/We understand it is my/our responsibility to confirm that I/we qualify for this grant prior to incurring charges. *** Grant money must be used within 90 days of award and can only be applied to new RCC charges. Grant money cannot be applied to 3rd party services (ie medications, outside labs, anesthesia, and other 3rd party services.**

Primary Patient Name Printed: _____ Signature: _____
 Date: _____

2nd Patient Name Printed (if applicable): _____ Signature: _____
 Date: _____

Contact Phone Number: _____ Contact Email: _____

Submit application and copies of tax returns and pay stubs via email to: info@FertilityDr.com